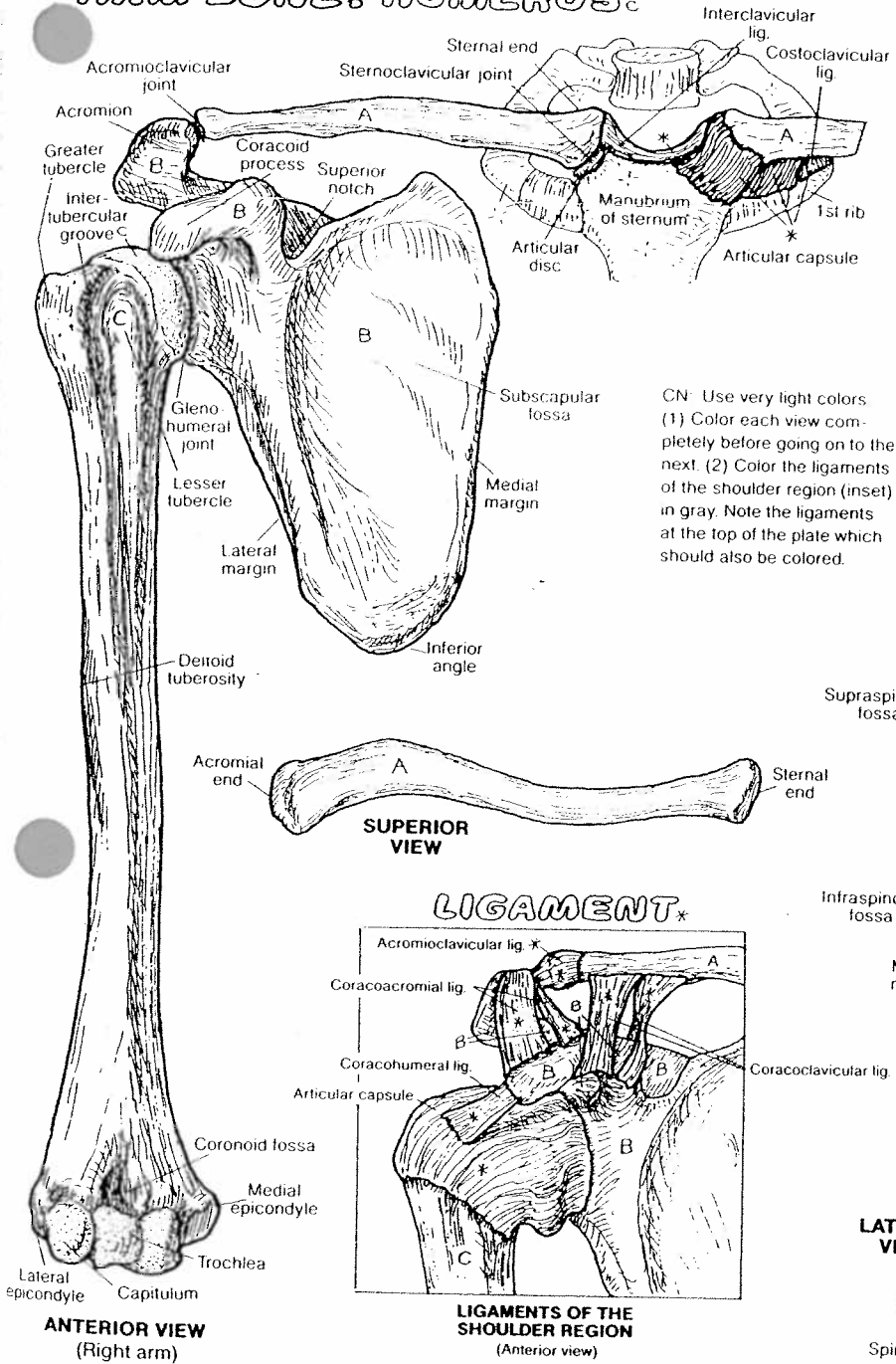


### III. SKELETAL SYSTEM / UPPER LIMB

#### PECTORAL GIRDLE: CLAVICLE, SCAPULA ARM BONE: HUMERUS.

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The mobility of the upper limb is largely dependent upon the *pectoral girdle* whose only bony attachment to the axial skeleton is via the sternoclavicular joint (saddle type synovial joint with disc). Distally, the *clavicle* articulates with the acromion of the *scapula* (acromioclavicular joint, a gliding type synovial joint). The clavicle forces the scapula backward and outward, creating the shoulder; in its role as a strut, it is subject to fracture. The scapula is moored to the axial skeleton by muscles, giving it considerable mobility on the upper back (scapulo-thoracic motion). Largely packaged in muscle, the scapula fractures infrequently. The supraspinatus muscle/tendon passing under the acromion and coracoacromial ligament is subject to irritation (impingement syndrome). The glenoid fossa of the scapula is shallow, and the glenohumeral joint (shoulder; ball and socket, synovial) is relatively insecure. The glenohumeral ligaments/joint capsule are lax, and are reinforced by a musculo-tendinous cuff. Given these "rotator cuff" muscles, the *humerus* has excellent mobility at the shoulder joint. The humerus is vulnerable to fracture at the surgical neck, mid-shaft, and medial epicondyle.

